

COMMUNICATION APPROACHES CHART

BEGINNINGS for Parents of Children Who Are Deaf or Hard-of-Hearing, Inc :: www.ncbegin.org

	AMERICAN SIGN LANGUAGE	ENGLISH OR OTHER SPOKEN LANGUAGE			
	AMERICAN SIGN LANGUAGE (ASL) / ENGLISH AS A SECOND LANGUAGE (Visual Approach)	AUDITORY VERBAL (AV) (Auditory Approach)	CUED SPEECH (CS)	AUDITORY ORAL (A-O) (Combined Visual & Auditory Approaches)	SIMULTANEOUS COMMUNICATION (SimComm or Total Communication)
DEFINITIONS	A bilingual approach which includes the development of both ASL and English. ASL is a natural, visual/manual language totally accessible to children who are deaf, that has its own grammar and linguistic principles. The acquisition of English is addressed through the use of teaching strategies for English as a Second Language.	An approach emphasizing spoken language development through listening. Child develops spoken language through one-on-one therapy and use of residual hearing with optimal amplification. Strives to make the most of a child's ability to learn through listening; therefore, the child does not rely on visual cues.	An auditory-visual communication approach combining a system of hand cues with the natural mouth movements of speech, specifying each sound (phoneme) of spoken language clearly. A hand shape (consonant groups) at a location (vowel groups) cues a syllable. This integration provides clear access to all the phonemes (sounds) as parents coo, babble and talk.	An approach that teaches a child to use his/her remaining hearing through amplification and the use of speechreading/natural gestures/visual cues to aid the child's understanding of language. The use of any form of sign language communication is not encouraged.	An educational philosophy that uses spoken language and sign language simultaneously. Uses an English-based sign language system which can include speech, speechreading, fingerspelling, natural gestures and the use of residual hearing.
PRIMARY GOALS	To acquire an age-appropriate internal language as a basis for learning a second language and opportunities for academic achievement. To develop a positive self-image and cultural identity providing access to the Deaf community. To provide a basis for learning written and, when possible, spoken English as a second language.	To develop spoken language through listening by following the stages and sequence of typical development. To develop the skills necessary for successful mainstreaming in school and integration into the hearing community. To promote a positive self-image through natural family and social interactions using spoken language.	To provide clear communication in the spoken language of the home. To develop the phonemic language base to achieve full literacy in conversation, reading and writing. To support speechreading, speech and auditory skill development.	To develop spoken language through listening and visual cues. To develop spoken language and communication skills necessary for school success and integration into the hearing community.	To provide a bridge to the development of spoken language in the very young child. To provide communication between the child and his/her family, teachers and peers using sign language. To support integration into both the hearing and the Deaf communities.
LANGUAGE DEVELOPMENT (RECEPTIVE)	The child develops early language concepts as well as higher order cognitive skills by utilizing the visual nature of ASL.	The child develops understanding of spoken language through early and consistent intervention that emphasizes learning through listening in a developmentally appropriate sequence. Optimal listening opportunities require the use of appropriate hearing technology.	The child absorbs language through early, consistent, clear communication using Cued Speech, speechreading and hearing. Cueing boosts auditory awareness, discrimination and understanding.	The child develops internal language through early, consistent listening experiences and developmentally appropriate therapy, which includes speechreading and the use of hearing technology.	The child develops language through speechreading, listening and exposure to a combination of speech and sign-based systems in English order.
EXPRESSIVE LANGUAGE	ASL fluency and written English. Ability to code switch from ASL to English (signed, spoken or written as needed).	Spoken and written English.	Cued, spoken and written English or other languages (60+ cued languages).	Spoken and written English.	Spoken English using sign language in English word order, and written English.
HEARING (AUDITION)	Encourages individual decision about amplification. Amplification may provide access to spoken language and allow the child more opportunity to become bilingual.	Early, consistent and appropriate use of hearing technology (hearing aids, cochlear implant(s), FM system) is critical to this approach. Requires ongoing auditory management.	Early, consistent and appropriate use of hearing technology (hearing aids, cochlear implant(s), FM system) is important with this approach. Requires ongoing auditory management.	Early, consistent and appropriate use of hearing technology (hearing aids, cochlear implant(s), FM system) is important with this approach. Requires ongoing auditory management.	Consistent and appropriate use of hearing technology (hearing aids, cochlear implant(s), FM system) is strongly encouraged.
FAMILY/PRIMARY CAREGIVER RESPONSIBILITIES & GUIDANCE	Parents are committed to learning and using ASL consistently. Families emphasize literacy in the home. Families provide opportunities for interaction with the Deaf community to help ensure a future independent and fulfilled Deaf citizen. ASL is learned through classes, media, websites, and interaction with members of the Deaf community.	Parents are expected to actively participate as partners in sessions with therapist(s) in order to learn strategies and techniques that promote the auditory learning of goals. Families need to carry over the goals established in therapy into the child's daily routines and play activities. Parents learn to create an optimal "listening" learning environment. Parents must also provide a language-rich environment, to make learning through listening a meaningful part of all experiences.	Parents are expected to learn to speak-and-cue at all times in order for children to absorb the phonemes critical to language and reading readiness. Families need to provide consistent use of cues and speech during daily routines and play activities. The system is taught in less than 20 hours through multi-media, classes, and Family Cue Camps. Consistent daily use and practice leads to conversational ease within a year.	Families are expected to provide appropriate carry-over of goals, strategies and techniques from the child's classroom setting and/or individual therapy sessions into daily routines and play activities. Parents need to work with the child's teacher(s) and/or therapist(s) to learn strategies and techniques for developing listening, speechreading and speaking skills in an oral learning environment.	Families are expected to learn and consistently use the chosen English-based sign language system. Parents need to work with the child's teacher(s) and/or therapist(s) to learn strategies that promote language expansion.